To:
Dispensing
    Physicians
Pharmacies
HMOs and Other
    Managed Care
    Programs

Changes to STAT-PA for retail pharmacy drugs as a result of HIPAA

This *Wisconsin Medicaid and BadgerCare Update* introduces changes to the Wisconsin Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system for retail pharmacy drugs as a result of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Note: The information in this *Update* applies to Wisconsin Medicaid, BadgerCare, and SeniorCare, although this *Update* only refers to Wisconsin Medicaid.

Changes to the STAT-PA system

This *Wisconsin Medicaid and BadgerCare Update* introduces changes to the Wisconsin Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system for retail pharmacy drugs as a result of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). These changes include:
- Revising STAT-PA drug worksheets and instructions.
- Eliminating the personal computer software for submitting STAT-PA requests.

Revisions made to the STAT-PA drug worksheets

Revisions made to the STAT-PA drug worksheets include the following:
- Type of service codes are no longer required.

- Certain two-digit National Council for Prescription Drug Programs (NCPDP) patient location codes must be used rather than Wisconsin Medicaid local place of service codes. Refer to the STAT-PA drug worksheets included in this *Update* for allowable NCPDP patient location codes.

The revised STAT-PA drug worksheets and instructions are included as Attachments 1 through 7 of this *Update*.

Personal computer software no longer available

Since personal computer software is no longer available, the option allowing providers to submit STAT-PA requests via personal computer will no longer be available. Providers may continue to communicate with the STAT-PA system using a touch-tone telephone keypad or by calling a STAT-PA help desk correspondent.

Implementation dates

The following implementation dates will be used for STAT-PA:
- October 10, 2003 — The last day providers may use personal computer software to submit STAT-PA requests. Providers may use personal care software to submit STAT-PA requests until 11:45 p.m.

- October 11-12, 2003 — The STAT-PA system will be unavailable.
- October 13, 2003 — Providers should begin using the revised STAT-PA drug worksheets and instructions.

Note: A STAT-PA request may normally be backdated up to four calendar days; however, for STAT-PA requests submitted on October 13 and 14, 2003, the earliest grant date providers can request is October 11, 2003, due to HIPAA implementation. If providers need backdating during this time, they should submit a paper PA request. Refer to the August 2003 *Update* (2003-122), titled "Effective dates for claims submission and prior authorization changes as a result of HIPAA for retail pharmacies dispensing drugs and biologics," for paper PA submission.

Information regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care HIPAA-related changes, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients and SeniorCare participants also.

Wisconsin Medicaid, BadgerCare, and SeniorCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at *www.dhfs.state.wi.us/medicaid/*.

ATTACHMENT 1
STAT-PA Pharmacy Drug Worksheet Instructions

(The "STAT-PA Pharmacy Drug Worksheet Instructions"
are located on the following pages.)

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WISCONSIN MEDICAID
STAT-PA PHARMACY DRUG WORKSHEET INSTRUCTIONS

Wisconsin Medicaid requires information to enable Medicaid to authorize and pay for medical services provided to eligible recipients. Although these instructions refer to Medicaid recipients, these instructions also apply to BadgerCare recipients and SeniorCare participants.

Under s. 49.45(4), Wis. Stats., personally identifiable information about applicants, recipients and/or participants is confidential and is used for purposes directly related to program administration such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement.

The Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) drug worksheets are optional. The worksheets are not required but are provided as a guideline only to access STAT-PA or to be used as provider documentation.

The Wisconsin STAT-PA system is an electronic PA system that allows Medicaid-certified providers to receive PA electronically rather than by mail or fax. Providers answer a series of questions and receive an immediate response of an approved or returned PA.

Providers communicate with the Wisconsin STAT-PA system by entering requested information on a touch-tone telephone keypad or by calling a STAT-PA help desk correspondent. Providers must have their eight-digit Medicaid provider number to access the Wisconsin STAT-PA system.

The Wisconsin STAT-PA system is available to all pharmacy providers by calling one of the following telephone numbers:
- **Touch-Tone Telephone**
  (800) 947-1197
  (608) 221-2096
  Available from 8:00 a.m. to 11:45 p.m., seven days a week.
- **Help Desk**
  (800) 947-1197 and press "0"
  (608) 221-2096 and press "0"
  Available from 8:00 a.m. to 6:00 p.m., Monday through Friday, excluding holidays.

HOW TO USE WISCONSIN STAT-PA
Wisconsin STAT-PA complements the current PA process by eliminating the paperwork involved for several classes of drugs. Wisconsin STAT-PA allows the provider to answer a series of questions in order to receive an immediate response of an approved or returned PA. Providers need the following information to begin using STAT-PA:
- Eight-digit Medicaid provider number.
- Recipient's 10-digit Medicaid identification number.
- 11-digit National Drug Code (NDC).
- Prescriber's Drug Enforcement Administration (DEA) number.
- *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) diagnosis code.
- Certain two-digit National Council for Prescription Drug Programs (NCPDP) patient location codes.
- Requested grant date or date of service (DOS).
- Total days' supply.

Refer to the optional drug-specific worksheets that can be used as guidelines for the information needed to request PA for drugs through STAT-PA.

TOUCH-TONE TELEPHONE USERS
Providers using a touch-tone telephone may call (800) 947-1197 or (608) 221-2096. Providers will then be connected directly with the STAT-PA system.

When the system answers, it will ask a series of questions that providers answer by entering the information on the telephone keypad. Use the optional worksheets as guidelines for the information needed to request PA for drugs through STAT-PA.

Note: When using a touch-tone telephone to enter the Medicaid provider number, recipient identification number, NDC, DEA number, ICD-9-CM diagnosis code, NCPDP patient location code, requested first DOS, and days' supply, always press the pound (#) key to mark the end of the data just entered. The pound (#) key signals the system that the provider has finished entering the data requested and ensures the quickest response from the system.

Providers may be asked to enter alphabetic data, which can be entered by using the asterisk (*) key. For example, a provider is asked to enter a prescriber's DEA number. The first two characters in the prescriber's DEA number are alpha characters; therefore, the provider presses the single asterisk (*) followed by the two digits that indicate the letter. The first digit is the number on the keypad where the letter is located, and the second digit is the position of the letter on that key.

For example: Prescriber's DEA number A B 1 2 3 4 5 6 7 should be entered as *21 *22 1 2 3 4 5 6 7

Alphabet Key:

A = *21	G = *41	M = *61	S = *73	Y = *93
B = *22	H = *42	N = *62	T = *81	Z = *12
C = *23	I = *43	O = *63	U = *82	
D = *31	J = *51	P = *71	V = *83	
E = *32	K = *52	Q = *11	W = *91	
F = *33	L = *53	R = *72	X = *92	

Once all data have been entered completely, STAT-PA begins to process the information and, in minutes, indicates the PA number.

Once familiar with the STAT-PA system, providers may enter the PA information in the designated order immediately — there is no need to wait for the full voice prompt. Providers may key information at any time, even when the system is relaying information. The system automatically proceeds to the next function.

Helpful Hints for Touch-Tone Telephone Users

- The provider is given three attempts at each field to correctly enter the requested data.
- Failure to enter any data within three minutes ends the telephone connection.
- The provider is limited to five transactions per connection.
- When entering the requested DOS of the PA, the first DOS may be up to 31 calendar days in the future. This allows recipients to get prescription orders filled early so there are no lapses in their medication.
- In the event the STAT-PA system is unavailable at the time the prescription order is filled, the PA request may be backdated up to four calendar days.
- Providers are assigned a PA number for the request at the end of a completed transaction. Use and retain the STAT-PA-assigned PA number for claims submission or, if advised, submit a PA request on paper if more clinical documentation is needed.
- The decimal point for ICD-9-CM diagnosis codes is not required when entering a STAT-PA request.

STAT-PA HELP DESK USERS
Providers who do not have a touch-tone telephone may call the STAT-PA help desk. The help desk correspondent accesses STAT-PA and enters the required data requested from the provider. For the help desk, call (800) 947-1197 and press "0," or call (608) 221-2096 and press "0."

The STAT-PA help desk is available to all providers using STAT-PA. Providers may use the help desk to report difficulties with the system.

Refer to the optional drug-specific worksheets for documenting the information needed to request PA for drugs through STAT-PA.

Once all data have been entered completely, STAT-PA begins to process the information and, in minutes, indicates the PA number.

Helpful Hints for Help Desk Users

- If the provider is unable to provide the necessary information to the help desk correspondent, the provider is asked to call back with the necessary information.
- The provider is limited to five transactions per connection.
- When asked to give the requested DOS of the PA, the DOS may be up to 31 calendar days in the future. This allows recipients to get prescription orders filled early so there are no lapses in their medication.
- In the event the STAT-PA system is unavailable at the time the prescription order is filled, the PA request may be backdated up to four calendar days.
- Providers are assigned a PA number for the request at the end of the completed transaction. Use and retain the STAT-PA-assigned PA number for claims submission or, if advised, to submit a PA request on paper if more clinical documentation is needed.
  Note: When submitting a paper PA, please include a fax number on the request if one is available.

- Providers needing to enddate a PA request due to a change in a prescription may do so through the help desk. The help desk correspondent will assist the provider through this process.
  Note: The provider authorized on the original PA is notified in writing that a PA has been enddated.

DOCUMENTATION INFORMATION
Providers are required to retain the assigned PA number for:
- Use in claims submission, if approved.
- Submission of a paper PA request when more clinical documentation is needed.

Providers must maintain all documentation, such as optional worksheets, that supports medical necessity and claim information in their records for a period not less than five years. Wisconsin Medicaid recommends providers maintain the related drug STAT-PA worksheet in their files. Regardless of what STAT-PA method is used, providers will receive, by mail, a confirmation notice indicating the assigned PA number and the STAT-PA decision. This confirmation notice should be maintained as a permanent record of the transaction.

ATTACHMENT 2
STAT-PA Drug Worksheet for Alpha-1 Proteinase Inhibitor

(The "STAT-PA Drug Worksheet for Alpha-1 Proteinase Inhibitor"
is located on the following page.)

WISCONSIN MEDICAID
STAT-PA DRUG WORKSHEET FOR
ALPHA-1 PROTEINASE INHIBITOR

This worksheet is to be used by pharmacists and dispensing physicians only.

Name — Recipient	

The Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system will ask for the following items in the order listed below:

GENERAL INFORMATION

Wisconsin Medicaid Provider Number	___ ___ ___ ___ ___ ___ ___ ___
Recipient Medicaid Identification Number	___ ___ ___ ___ ___ ___ ___ ___ ___ ___
National Drug Code	___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Prescriber's Drug Enforcement Administration Number	___ ___ ___ ___ ___ ___ ___ ___ ___
Diagnosis Code Use the most appropriate *International Classification of Diseases, Ninth Revision, Clinical Modification* diagnosis code. The decimal is not necessary.	
Place of Service (Patient Location) Use patient location code "**00**" (Not Specified), "**01**" (Home [IV-IM Services Only]), "**04**" (Long Term/Extended Care), "**07**" (Skilled Care Facility), or "**10**" (Outpatient).	___ ___
Date of Service The date of service may be up to 31 days in the future, or up to four days in the past.	
Days' Supply Requested*	

CLINICAL INFORMATION

Does the recipient have clinically significant panacinar emphysema due to congenital Alpha-1-Antitrypsin deficiency? If yes, press "1." If no, press "2." ____
   a.   If yes, the PA request will be approved for 365 days.
   b.   If no, the provider will receive the following message: "Your prior authorization request requires additional information. Please submit your request on paper with complete clinical documentation."

STAT-PA RESPONSE

Assigned PA Number	___ ___ ___ ___ ___ ___ ___
First Date of Service	
Expiration Date	
Number of Days Approved	

ADDITIONAL INFORMATION

The pharmacist learned of this diagnosis or reason for use when:
❏   The patient informed the pharmacist through patient consultation. In most cases, it is possible to learn the necessary information from the patient.
❏   The physician wrote the diagnosis or reason for use on this form or on a prior prescription order for this drug.
❏   The physician or personnel in the physician's office informed the pharmacist by telephone, either now or on a previous occasion.

Check the appropriate box:
❏   This is a new PA request.
❏   This is a renewed PA request.

*Days' supply requested equals the total days allowed by prescription. For example, for a one-year supply, providers should enter "365. "

ATTACHMENT 3
STAT-PA Drug Worksheet for Brand Name Ace Inhibitors

(The "STAT-PA Drug Worksheet for Brand Name Ace Inhibitors"
is located on the following pages.)

WISCONSIN MEDICAID
STAT-PA DRUG WORKSHEET FOR
BRAND NAME ACE INHIBITORS

This worksheet is to be used by pharmacists and dispensing physicians only.

Generic angiotensin converting enzyme (ACE) inhibitors do not require prior authorization (PA). In addition to the generic ACE inhibitors, the following brand name ACE inhibitors do not require PA:

- Captopril.
- Enalapril.
- Trandolapril.
- Moexipril.

Name — Recipient	

The Specialized Transmission Approval Technology-PA (STAT-PA) system will ask for the following items in the order listed below:

GENERAL INFORMATION

Wisconsin Medicaid Provider Number	____ ____ ____ ____ ____ ____ ____ ____
Recipient Medicaid Identification Number	____ ____ ____ ____ ____ ____ ____ ____ ____ ____
National Drug Code	____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____
Prescriber's Drug Enforcement Administration Number	____ ____ ____ ____ ____ ____ ____ ____ ____
Diagnosis Code Use the most appropriate *International Classification of Diseases, Ninth Revision, Clinical Modification* diagnosis code. The decimal is not necessary.	
Place of Service (Patient Location) Use patient location code "**00**" (Not Specified), "**01**" (Home [IV-IM Services Only]), "**04**" (Long Term/Extended Care), "**07**" (Skilled Care Facility), or "**10**" (Outpatient).	____ ____
Date of Service The date of service may be up to 31 days in the future, or up to four days in the past.	
Days' Supply Requested*	

CLINICAL INFORMATION

A. Is the patient currently stabilized or being titrated on an ACE Inhibitor other than captopril, enalapril, trandolapril, or moexipril? If yes, press "1." If no, press "2." ____
   1.) If yes, the PA request will be approved for up to 365 days.
   2.) If no, the provider will be asked:
B. Has the recipient tried captopril, enalapril, trandolapril, or moexipril and had an adverse drug reaction? If yes, press "1." If no, press "2." ____
   1.) If yes, the PA request will be approved for up to 365 days.
   2.) If no, the provider will receive the following message: "Your prior authorization request requires additional information. Please submit your request on paper with complete clinical documentation."

STAT-PA RESPONSE

Assigned PA Number	____ ____ ____ ____ ____ ____ ____
First Date of Service	
Expiration Date	
Number of Days Approved	

Continued

*Days' supply requested equals the total days allowed by prescription. For example, for a one-year supply, providers should enter "365."

ADDITIONAL INFORMATION

The pharmacist learned of this diagnosis or reason for use when:

❏ The patient informed the pharmacist through patient consultation. In most cases, it is possible to learn the necessary information from the patient.

❏ The physician wrote the diagnosis or reason for use on this form or on a prior prescription order for this drug.

❏ The physician or personnel in the physician's office informed the pharmacist by telephone, either now or on a previous occasion.

Check the appropriate box:

❏ This is a new PA request.

❏ This is a renewed PA request.

ATTACHMENT 4
STAT-PA Drug Worksheet for Brand Name Cholesterol Lowering Drugs (STATINS)

(The "STAT-PA Drug Worksheet for Brand Name Cholesterol Lowering Drugs [STATINS]" is located on the following pages.)

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WISCONSIN MEDICAID
STAT-PA DRUG WORKSHEET FOR
BRAND NAME CHOLESTEROL LOWERING DRUGS (STATINS)

This worksheet is to be used by pharmacists and dispensing physicians only.

Brand name cholesterol lowering drugs (statins) require prior authorization (PA). Generic statins do not require PA.

Name — Recipient	

The Specialized Transmission Approval Technology-PA (STAT-PA) system will ask for the following items in the order listed below:

GENERAL INFORMATION

Wisconsin Medicaid Provider Number	____ ____ ____ ____ ____ ____ ____ ____
Recipient Medicaid Identification Number	____ ____ ____ ____ ____ ____ ____ ____ ____ ____
National Drug Code	____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____
Prescriber's Drug Enforcement Administration Number	____ ____ ____ ____ ____ ____ ____ ____
Diagnosis Code Use the most appropriate *International Classification of Diseases, Ninth Revision, Clinical Modification* diagnosis code. The decimal is not necessary.	
Place of Service (Patient Location) Use patient location code "**00**" (Not Specified), "**01**" (Home [IV-IM Services Only]), "**04**" (Long Term/Extended Care), "**07**" (Skilled Care Facility), or "**10**" (Outpatient).	____ ____
Date of Service The date of service may be up to 31 days in the future, or up to four days in the past.	
Days' Supply Requested*	

CLINICAL INFORMATION

A. Is the recipient currently stabilized on an effective brand name statin? If yes, press "1." If no, press "2." ____
    1.) If yes, the PA request will be approved for up to 365 days.
    2.) If no, the provider will be asked:
B. Does this recipient require >35% low-density lipoprotein reduction, have impaired renal function, or have a high risk for drug interactions? If yes, press "1." If no, press "2." ____
    1.) If yes, the PA request will be approved for up to 365 days.
    2.) If no, the provider will be asked:
C. Has the recipient tried and failed or had an adverse drug reaction to a generic statin? If yes, press "1." If no, press "2." ____
    1.) If yes, the PA request will be approved for up to 365 days.
    2.) If no, the provider will receive the following message: "Your prior authorization request requires additional information. Please submit your request on paper with complete clinical documentation."

STAT-PA RESPONSE

Assigned PA Number	____ ____ ____ ____ ____ ____ ____
First Date of Service	
Expiration Date	
Number of Days Approved	

Continued

*Days' supply requested equals the total days allowed by prescription. For example, for a one-year supply, providers should enter "365."

ADDITIONAL INFORMATION

The pharmacist learned of this diagnosis or reason for use when:

❑   The patient informed the pharmacist through patient consultation. In most cases, it is possible to learn the necessary information from the patient.

❑   The physician wrote the diagnosis or reason for use on this form or on a prior prescription order for this drug.

❑   The physician or personnel in the physician's office informed the pharmacist by telephone, either now or on a previous occasion.

Check the appropriate box:

❑   This is a new PA request.

❑   This is a renewed PA request.

ATTACHMENT 5
STAT-PA Drug Worksheet for Brand Name NSAIDS

(The "STAT-PA Drug Worksheet for Brand Name NSAIDS"
is located on the following pages.)

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WISCONSIN MEDICAID
STAT-PA DRUG WORKSHEET FOR
BRAND NAME NSAIDS

This worksheet is to be used by pharmacists and dispensing physicians only.

Brand name non-steroidal anti-inflammatory drugs (NSAIDS) require prior authorization (PA). Generic NSAIDS do not require PA.

Name — Recipient	

The Specialized Transmission Approval Technology-PA (STAT-PA) system will ask for the following items in the order listed below:

GENERAL INFORMATION

Wisconsin Medicaid Provider Number	____ ____ ____ ____ ____ ____ ____ ____
Recipient Medicaid Identification Number	____ ____ ____ ____ ____ ____ ____ ____ ____ ____
National Drug Code	____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____
Prescriber's Drug Enforcement Administration Number	____ ____ ____ ____ ____ ____ ____ ____
Diagnosis Code Use the most appropriate *International Classification of Diseases, Ninth Revision, Clinical Modification* diagnosis code. The decimal is not necessary.	
Place of Service (Patient Location) Use patient location code "**00**" (Not Specified), "**01**" (Home [IV-IM Services Only]), "**04**" (Long Term/Extended Care), "**07**" (Skilled Care Facility), or "**10**" (Outpatient).	____ ____
Date of Service The date of service may be up to 31 days in the future, or up to four days in the past.	
Days' Supply Requested*	

CLINICAL INFORMATION

COX-2
Is the NSAID being prescribed for a chronic, nonacute condition? If yes, press "1." If no, press "2." ____
1. If yes, the provider will be asked:
    a. Does the recipient have any of the following risk factors: age over 65, a history of ulcer or gastrointestinal bleeding, or currently taking anticoagulants or glucocorticoids? If yes, press "1." If no, press "2." ____
    1.) If yes, the PA request will be approved for up to 365 days.
    2.) If no, the provider will be asked:
    b. Has the recipient tried and failed a generic NSAID or had an adverse drug reaction? If yes, press "1." If no, press "2." ____
    1.) If yes, the PA request will be approved for up to 365 days.
    2.) If no, the provider will receive the following message: "Your prior authorization request requires additional information. Please submit your request on paper with complete clinical documentation."
2. If no, the provider will be asked:
    a. Has the recipient tried and failed a generic NSAID or had an adverse drug reaction? If yes, press "1." If no, press "2." ____
    1.) If yes, the PA request will be approved up to 365 days.
    2.) If no, the provider will receive the following message: "Your prior authorization request requires additional information. Please submit your request on paper with complete clinical documentation.

Continued

**Days' supply requested equals the total days allowed by prescription. For example, for a one-year supply, providers should enter "365."

Non-COX-2

Has the recipient tried and failed a generic NSAID drug or had an adverse drug reaction? If yes, press "1." If no, press "2." ____

1. If yes, the PA request will be approved for up to 365 days.
2. If no, the provider will receive the following message: "Your prior authorization request requires additional information. Please submit your request on paper with complete clinical documentation."

STAT-PA RESPONSE

Assigned PA Number	____ ____ ____ ____ ____ ____ ____
First Date of Service	
Expiration Date	
Number of Days Approved	

ADDITIONAL INFORMATION

The pharmacist learned of this diagnosis or reason for use when:

❏ The patient informed the pharmacist through patient consultation. In most cases, it is possible to learn the necessary information from the patient.

❏ The physician wrote the diagnosis or reason for use on this form or on a prior prescription order for this drug.

❏ The physician or personnel in the physician's office informed the pharmacist by telephone, either now or on a previous occasion.

Check the appropriate box:

❏ This is a new PA request.

❏ This is a renewed PA request.

ATTACHMENT 6
STAT-PA Drug Worksheet for Brand Name Proton Pump Inhibitor Drugs (PPIs)

(The "STAT-PA Drug Worksheet for Brand Name Proton Pump Inhibitor Drugs [PPIs]" is located on the following pages.)

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WISCONSIN MEDICAID
STAT-PA DRUG WORKSHEET FOR
BRAND NAME PROTON PUMP INHIBITOR DRUGS (PPIs)

This worksheet is to be used by pharmacists and dispensing physicians only.

Protonix and generic proton pump inhibitor drugs (PPIs) do not require prior authorization (PA). All other brand name PPIs require PA.

Name — Recipient	

The Specialized Transmission Approval Technology-PA (STAT-PA) system will ask for the following items in the order listed below:

GENERAL INFORMATION

Wisconsin Medicaid Provider Number	___ ___ ___ ___ ___ ___ ___ ___
Recipient Medicaid Identification Number	___ ___ ___ ___ ___ ___ ___ ___ ___ ___
National Drug Code	___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Prescriber's Drug Enforcement Administration Number	___ ___ ___ ___ ___ ___ ___ ___
Diagnosis Code Use the most appropriate *International Classification of Diseases, Ninth Revision, Clinical Modification* diagnosis code. The decimal is not necessary. The diagnosis code must be one of the PPI-approved codes.*	
Place of Service (Patient Location) Use patient location code "**00**" (Not Specified), "**01**" (Home [IV-IM Services Only]), "**04**" (Long Term/Extended Care), "**07**" (Skilled Care Facility), or "**10**" (Outpatient).	___ ___
Date of Service The date of service may be up to 31 days in the future, or up to four days in the past.	
Days' Supply Requested**	

CLINICAL INFORMATION

Has the recipient tried and failed or had an adverse drug reaction to Protonix or a generic PPI? If yes, press "1." If no, press "2." ____
   a.) If yes, the PA request will be approved for up to 365 days.
   b.) If no, the provider will receive the following message: "Your prior authorization request requires additional information. Please submit your request on paper with complete clinical documentation."

STAT-PA RESPONSE

Assigned PA Number	___ ___ ___ ___ ___ ___ ___
First Date of Service	
Expiration Date	
Number of Days Approved	

Continued

*PPI-approved codes are:
E9356   NSAID-induced gastric ulcer, NSAID-induced duodenal ulcer
4186   H. Pylori infection
2515   Zollinger-Ellison syndrome
53019   Erosive esophagitis
53081   Gastroesophageal influx
5368   Gastric hypersecretory condition

**Days' supply requested equals the total days allowed by prescription. For example, for a one-year supply, providers should enter "365."

ADDITIONAL INFORMATION

The pharmacist learned of this diagnosis or reason for use when:
- ❏ The patient informed the pharmacist through patient consultation. In most cases, it is possible to learn the necessary information from the patient.
- ❏ The physician wrote the diagnosis or reason for use on this form or on a prior prescription order for this drug.
- ❏ The physician or personnel in the physician's office informed the pharmacist by telephone, either now or on a previous occasion.

Check the appropriate box:
- ❏ This is a new PA request.
- ❏ This is a renewed PA request.

ATTACHMENT 7
STAT-PA Drug Worksheet for C-III and C-IV Stimulants and Anti-Obesity Drugs

(The "STAT-PA Drug Worksheet for C-III and C-IV Stimulants and Anti-Obesity Drugs" is located on the following page.)

WISCONSIN MEDICAID
STAT-PA DRUG WORKSHEET FOR
C-III AND C-IV STIMULANTS AND ANTI-OBESITY DRUGS

This worksheet is to be used by pharmacists and dispensing physicians only.

Name — Recipient	

The Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system will ask for the following items in the order listed below:

GENERAL INFORMATION

Wisconsin Medicaid Provider Number	___ ___ ___ ___ ___ ___ ___ ___
Recipient Medicaid Identification Number	___ ___ ___ ___ ___ ___ ___ ___ ___ ___
National Drug Code	___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Prescriber's Drug Enforcement Administration Number	___ ___ ___ ___ ___ ___ ___ ___
Diagnosis Code Use the most appropriate *International Classification of Diseases, Ninth Revision, Clinical Modification* diagnosis code. The decimal is not necessary.	
Place of Service (Patient Location) Use patient location code "**00**" (Not Specified), "**01**" (Home [IV-IM Services Only]), "**04**" (Long Term/Extended Care), "**07**" (Skilled Care Facility), or "**10**" (Outpatient).	___ ___
Date of Service The date of service may be up to 31 days in the future, or up to four days in the past.	
Days' Supply Requested*	

CLINICAL INFORMATION

A. Enter the recipient's height in inches using a two-digit format. For example, if the recipient's height is 5' 10", enter "70."
B. Enter the recipient's weight in pounds using a three-digit format. STAT-PA will then calculate the body mass index (BMI) using a formula.
   1. If BMI is $\geq$ 30, the PA will be approved for a maximum of 186 days.
   2. If BMI is <30, the provider will receive the following message: "Your prior authorization request requires additional information. Please submit your request on paper with complete clinical documentation."

STAT-PA RESPONSE

Assigned PA Number	___ ___ ___ ___ ___ ___ ___
First Date of Service	
Expiration Date	
Number of Days Approved	

ADDITIONAL INFORMATION

The pharmacist learned of this diagnosis or reason for use when:
❑ The patient informed the pharmacist through patient consultation. In most cases, it is possible to learn the necessary information from the patient.
❑ The physician wrote the diagnosis or reason for use on this form or on a prior prescription order for this drug.
❑ The physician or personnel in the physician's office informed the pharmacist by telephone, either now or on a previous occasion.

Check the appropriate box:
❑ This is a new PA request.
❑ This is a renewed PA request.

*Days' supply requested equals the total days allowed by prescription. For example, for a six-month supply, providers should enter "186."